Application or Docket Number

| Effective January 1, 2003 | | | | | | | | | | |
|---|--|---|---------------------------------------|---|------------------------|----------------------|------------------------|------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | SMALL ENTITY OTHER T | | | | |
| TOTAL CLAIMS | | | | 12 | | RATE | FEE |] [| RATE | FEE |
| FOR | | | NUMBER FILED NUMBER | | NUMBER EXTRA | BASIC FEE | 375.00 | OR | BASIC FEE | 750.00 |
| TOTAL CHARGEABLE CLAIMS | | | 12- minus 20= * 0 | | 0 | X\$ 9= | | OR | X\$18= | |
| INDEPENDENT CLAIMS | | | minus 3 = * 0 | | 0 | X42= | | OR | X84= | , , , |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | +140= | | OR | +280= | |
| * If | the difference | in column 1 is | less than zero, enter "0" in column 2 | | | TOTAL | | OR | TOTAL | 700 |
| CLAIMS AS AMENDED - PART II | | | | | | | | | OTHER | |
| | (Column 1) (Column 2) (Column 3) | | | | | | ENTITY | OR | SMALL | |
| AMENDMENT A | | REMAINING AFTER AMENDMENT | | NUMBER PREVIOUS PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | = | X\$ 9= | | OR | X\$18= | |
| | Independent | * | Minus | *** | = | X42≈ | | OR | X84= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | +140= | | OR | +280= | | |
| | | | | | | TOTAL ADDIT, FEE | | OR | TOTAL ADDIT: FEE | |
| | | (Column 1) | | (Column | | | | = ' | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUS PAID FOI | R PRESENT SLY EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | = | X\$ 9= | | OR | X\$18= | |
| | Independent | * NTATION OF MI | Minus | *** | AIM 🗖 | X42= | | OR | X84≈ | |
| <u> </u> | | | | | | +140= | | OR | +280≓ | , |
| | | | | | | TOTAL ADDIT, FEE | | OR | TOTAL ADDIT. FEE | |
| | | | | | | | | | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHES NUMBEF PREVIOUS PAID FOI | R PRESENT SLY EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | = | X\$ 9= | | OR | X\$18= | |
| | Independent | * | Minus | *** | = | X42= | | OR | X84= | |
| Ļ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | 1140 | | | 1200- | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | +280= TOTAL | 1 |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | |